

Nitrous oxide

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Many will be asymptomatic. Many will be seeking dental treatment at your office and may or may not tell you of their HIV status.

The bottom line is that if one is unwilling to treat HIV-infected patients, it might be advisable either to try another profession or to seek a branch of dentistry that does not require patient contact. I do not say this lightly. I say this because it is the reality that one must face today in the practice of dentistry.

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NITROUS OXIDE

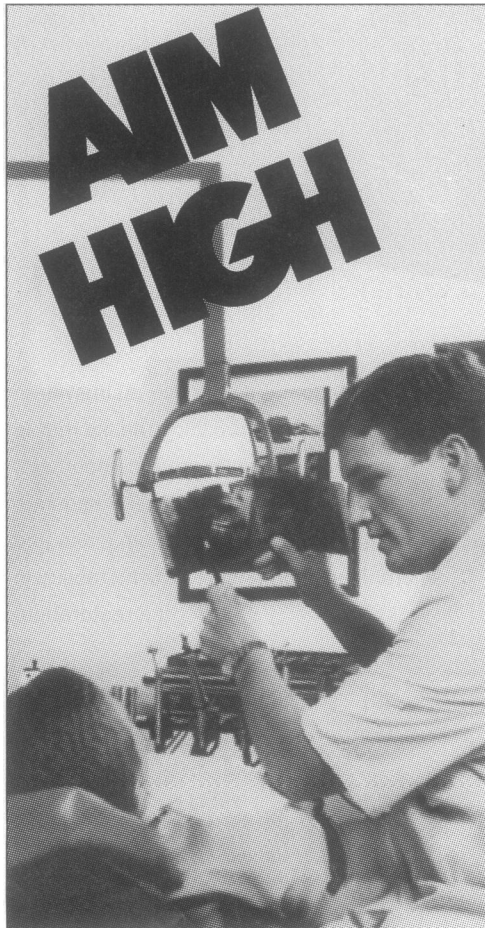
In the August issue of JADA, Dr. Kenneth Johnsen (in response to my letter in June JADA) made several comments that need to be addressed.

I did not disparage a study that concluded the safe level of exposure to nitrous oxide was in the range of 25 to 50 parts per million, or ppm. I quoted and cited two letters from the authors of the study retracting the study because of flaws. I also quoted the only three papers that give us guidance as to what are safe levels. I did not come up with 400 ppm off the top of my head.

One of the problems of professional literature is that once a study has been published, it can never be removed from the literature and retraction letters are easily missed. Even letters like Dr. Johnson's, which compared being exposed to 400 ppm of nitrous oxide with smoking and nicotine, neither of which is true, can be referenced by future authors, adding more confusion to the issue.

I have reviewed more than 400 papers on the subject of nitrous oxide exposure; these papers came from OSHA and MEDLINE computer searches. There has never been a study that showed a problem at levels below 1,000 ppm except for the retracted paper. If anyone knows of a paper that shows a problem with exposures below 1,000 ppm, I would appreciate a copy.

Yes, I would face the female employee (or her attorney). It is very sad that she miscarried, but if levels of nitrous oxide were below 1,000 ppm, nitrous oxide was not the culprit. It may have been the noise from the high-speed drill, the soap used in the restroom, the stress in the office or it may have been no one's fault; about 25 percent of known pregnancies end spontaneously with a miscarriage.



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HEALTH PROFESSIONS

One of the functions of a professional journal is to present scientific papers. If we ignore science and resort to anecdotal tales, we may just as well subscribe to one of the supermarket tabloids or the Reader's Digest. I hope JADA continues to take the scientific route.

Fred Quarnstrom, D.D.S.
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DELAYED GRATIFICATION

I remember standing in front of family and friends as I was being hooded at graduation. The thought that this was perhaps the most satisfying day of my life vanished instantly.

Of course I was delighted, but the looming Western Regional examination board had just crossed my mind. This feeling can be recalled by most dentists in America. I say most because a few of my classmates flew their patients, their equipment and themselves to other states to take the examination board early. The several thousand dollar expense, according to their calculations, could easily be justified by practicing six weeks earlier than those of us who decided to take the clinical boards on our home turf.

Now I find myself sitting in my new hometown reading JADA and pretending I am a dentist until the official "yes, you are safe for public consumption" letter arrives. The good people at WREB want four weeks to grade our work and decide our fate (although I remind them that three of the five tests are scored during the weekend of the board and the written exam's answer sheet can be computer-graded in minutes).

My wife and friends remind me that this should be thought

of as a vacation. As I approach my second week of vacation/dead time, the moving boxes have been unpacked, the house has been painted twice and I am ready to do dentistry for a living, and not just for a grade anymore.

I strongly believe in either allowing the accredited dental school that taught you and that knows your skills best to decide your worthiness as a practitioner, or to allow eligible candidates to take the clinical boards while in the second semester of the senior year. This would allow graduation to be just that—graduation.

Moreover, this would enable novice dentists to begin paying off their debts or, in the case of board failure, to take another examination just after graduation. (If I fail to pass the recent WREB, the next available testing site is a state away and the test will not be offered for about two more months.) And why not let the professors who have seen our work day after day report directly to the state dental board?

Understanding the need for anonymity, we could be assigned numbers just like the ones we used during the WREB and have our patients marched to another floor for grading. In the April issue of JADA, Dr. Ray Berringer spoke of the fallacy of having to retake clinical boards covering general dentistry, because he's an oral surgeon. With contradictions and difficulties such as these, isn't it time for our senior leadership to change certain archaic policies? Change is frowned upon by many old-school dentists, but gradual change must occur over time.

Thinking back to school, the mock boards our departments put us through were twice as

nerve-racking as the true boards. However, the mock boards don't grant us licensure, do they?

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Henryetta, Okla.

LICENSURE

The letter from Ronald Gomer in the June issue regarding licensure prompted me to write. From his statement of background, this is a man I could back for licensure by credentials. And having served on our local Peer Review Committee for approximately 12 years, four as chairman, there are many local dentists I would also recommend for licensure should they ever wish to relocate.

On the other hand, there is that handful whom I would love to wish away on another state. This bunch has learned just what it takes to dance on the line without crossing over it sufficiently to result in effective discipline. Heaven forbid we open our doors to a possible flood of others of this kind into my state.

To me, this particular group is basically lazy. Rather than taking the time to do things the way most of us do, they seek the easy way. We all know that shortcuts, more often than not, don't work well in dentistry. And that, combined with a lack of desire to correct any untoward outcome, results in complaints to peer review.

Certainly, anyone can get fired up enough to take a board if they really want to practice in a certain state. But I'm counting on that laziness factor to slow down the questionable ones. Until there is a way to identify the good guys from the bad guys, I'm afraid the good ones will suffer for the actions